



# Navy and Marine Corps Medical News



*A Public Affairs Publication of the Bureau of Medicine and Surgery*

**March 17, 2010**

## **MEDNEWS Items of Interest:**

### **Surgeon General Remarks on COMFORT's Homecoming**

- Listen to the Surgeon General's recent podcast from his remarks on the COMFORT's homecoming in Norfolk, Va., March 13, 2010: [www.med.navy.mil/leadership/sgvisits/Documents/SG%20Comfort%20Homecoming%20\(3-13-2010\).mp3](http://www.med.navy.mil/leadership/sgvisits/Documents/SG%20Comfort%20Homecoming%20(3-13-2010).mp3).

### **Navy and Marine Corps Combat & Operational Stress Conference 2010**

- May 18-20, 2010, San Diego, Calif. To register visit: [www.nccosc.navy.mil](http://www.nccosc.navy.mil)

### **49th Navy and Marine Corps Public Health Conference**

- March 19-25, 2010, Hampton, Va. To register visit: [www.nmcphe.med.navy.mil/PublicHealthConference/Conference10/GenReg.htm](http://www.nmcphe.med.navy.mil/PublicHealthConference/Conference10/GenReg.htm)

**Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, and follow us on Twitter**

## **Did You Know...**

March 3 marks the 139th birthday of the U.S. Navy Medical Corps. The Medical Corps, founded March 3, 1871, is made up of 3,700 active duty Navy physicians and 564 Reserve Affiliated Medical Corps Officers, with 47 specialties and almost 200 subspecialties.

## **Comfort Returns to U.S. After Haiti Mission**

### **American Forces Press Service**

NORFOLK, Va.— The Navy hospital ship USNS Comfort arrived at Naval Station Norfolk after its seven-week deployment in Haiti supporting Operation Unified Response, March 13.

Comfort left its Baltimore homeport in record time after receiving orders to make best speed to Haiti to provide medical aid to victims of the magnitude 7 earthquake that struck Jan. 12. The ship's crew admitted its first patients three days after deploying and, following 49 days of operations off the coast of Port-au-Prince, had provided care to 794 Haitians suffering from injuries ranging from crushed limbs to gangrenous wounds.

"What people did will affect medicine for a long time," said Navy Capt. James Ware, command-

ing officer of the medical treatment facility aboard Comfort. "People's experiences and the lessons they learned will affect the way we treat earthquake-related injuries in the future. I am very proud of the crew."

A large part of Comfort's medical efforts was devoted to surgeries. However, it took more than doctors, nurses and corpsmen to ensure that the 843 surgeries performed were successful. More than 1,400 Navy medical professionals and support personnel, ranging from culinary specialists to engineers, came together with civil mariners and nongovernmental volunteers to provide critical support to the multinational effort in Haiti.

*See COMFORT, Page 3*



NORFOLK, Va. - The Military Sealift Command hospital ship USNS Comfort (T-AH 20) arrives at Naval Station Norfolk following a seven-week deployment to the U.S. Southern Command area of responsibility to provide medical care in Haiti as part of Operation Unified Response, March 13, 2010. The Comfort surgical team performed more than 800 surgeries. Comfort will return to homeport in Baltimore, March 19, after a short port visit in Norfolk. (U.S. Navy photo by Mass Communication Specialist 3rd Class Ryan Steinhour/Released)

## Surgeon General's Corner: "Our Commitment to Quality Care"

"Navy Medicine – World Class Care ... Anytime, Anywhere." This poignant phrase is arguably the most telling description of Navy Medicine's accomplishments in 2009 and continues to drive our operational tempo and priorities for the coming year and beyond. Throughout the last year we saw challenges and opportunities; and moving forward, I anticipate the pace of operations and demands placed upon us will continue to increase. Make no mistake: We have been stretched in our ability to meet our increasing operational and humanitarian assistance requirements, as well as, maintain our commitment to provide Patient and Family-Centered care to a growing number of beneficiaries. However, I am proud to say to that we are responding to this demand with more flexibility and agility than ever before. We are a vibrant, world-wide health care system fully engaged and integrated in carrying out the core capabilities of the Maritime Strategy around the globe. Regardless of the challenges ahead, I am confident that we are well-positioned for the future.

We must strive to ensure that our Nation will always have a medically ready and fit fighting force and that those who've served our Nation along with their families can count on Navy

Medicine to provide quality and compassionate family-centered health care.

Our commitment to quality healthcare delivery forms the basis and the foundation of all we do to meet our mission of being there at the right time and place, with the right skills and equipment to do the job for our patients to support our mission around the globe.

The efforts we engage in on a daily basis to implement quality oversight programs make a difference in public perception of our quality of care. We have the ultimate responsibility for clinical quality and performance improvement to include: fostering a culture of collaboration and communication for staff and patients; supporting simulation

***"We are responding with more flexibility and agility than ever before."***

training for procedures and team building; participating in the annual Navy Joint Commission Conference and the patient safety award processes.



**Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General**

Navy Medicine respects and appreciates the trust our beneficiaries have placed in us and the medical services we provide. We earn their trust by ensuring our healthcare providers embrace the highest standards of training, practice and professional conduct, and that our facilities provide state-of-the-art medical services.

You are all working hard and doing great work. Be safe, be smart and take care of one another. It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all thank you for your service.

***"I am equally proud of our team that remained at home and ensured this large response from Navy Medicine did not affect our ability to continue to provide quality care to our beneficiaries at our hospitals and clinics nationwide."***

- Vice Adm. Adam Robinson, commends the crew of the USNS COMFORT for their support of the disaster relief mission in Haiti.

Vice Adm. Adam Robinson welcomes home Cmdr. Timothy Donahue, director of surgical services aboard the USNS COMFORT, following a seven-week deployment in support of Operation Unified Response, disaster relief mission in Haiti, March 13, 2010. USNS Comfort performed over 800 surgeries during the mission. (Photo by Cmdr. Cappy Surette/ Released)



# Safe Harbor Keeps Safe-Eye on Wounded Warriors

By Cpl. Katie Densmore, Marine Corps Base Camp LeJeune

MARINE CORPS BASE CAMP LEJEUNE — Being injured is often a service member's worst nightmare. He can feel alone and more vulnerable than ever. Worst of all he may be entitled to services that he may never receive because no one in his command knew they were available.

Fortunately, there is an organization that has helped to end this nightmare for seriously wounded

sailors, Coast Guardsmen and their families. Navy Safe Harbor works to assist the service member and their families solve the problems they face stemming from their injuries.

"Navy Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured sailors, Coast Guardsmen, and their families," according to the program's mission statement on the Navy Personnel Command's Web site. "Through pro-active leadership, we provide a lifetime of individually tailored

assistance designed to optimize the success of our shipmates' recovery, rehabilitation, and reintegration activities."

This is a statement Jeanette Bradway, recovery care coordinator at the Naval Hospital Camp Lejeune, takes to heart. She is one of 18 coordinators located at naval facilities and U.S. Department of Veteran Affairs rehabilitation facilities across the United States.

"The program began back in

*See WARRIORS, Page 4*

PORT-AU-PRINCE, Haiti - Capt. Daniel P. Smorhun, a Cardiologist from the USNS COMFORT listens to the heart of an infant with a suspected heart condition during a visit to University Hospital in Haiti, Feb. 17, 2010 (U.S. Navy photo by Lt. Janette Arencibia/Released).



## COMFORT

*From Page 1*

The mission, led by the U.S. Agency for International Development in partnership with the Haitian government, presented a number of unique challenges, including the communication barrier that existed between attending physicians and their patients.

"The ship initially had about 10 people on board to help with translating," said Navy Chief Petty Officer Marcel Blanfort, who headed up the translation department. "However, the commanding officer knew that the mission was of a greater scale."

Seventy-five sailors and one Marine from 39 military commands joined their shipmates along with 88 Red Cross volunteers, all French or Creole speaking, to bridge the gap. They interacted with patients and the medical staff aboard daily, working in the casualty receiving area, the operating rooms and after-care wards.

"I was really glad to come down and help," said Navy Petty Officer 3rd Class Yves Henry, a surgical technician and translator from Naval Medical Center Portsmouth, Va. "We came and helped to the best of our ability. Some of the people that we helped would have died if we didn't come."

Now, eight weeks after its humanitarian mission began, Comfort's crew is ready for a well-deserved reprieve.

"I'm excited about going home," said Navy Petty Officer 2nd Class Vanal Lamour. "It will be nice to take some time to relax a little."

Many of the personnel embarked with Comfort will leave the ship here before the remaining crew continues its trek to Baltimore.

"It is all the support from people at home that helped to make this possible," said Navy Capt. Rodelio Laco, commodore, Task Group 41.8, who provided operational oversight aboard Comfort. "I would be proud to serve with any of these sailors, anytime, anywhere."



## Lincoln Sailor's Life Saved by Navy Medicine

By Mass Communication Specialist  
2<sup>nd</sup> Class Barry Riley, USS Abraham  
Lincoln Public Affairs

EVERETTE, Wash.— "I started noticing chest pains and had a lot of difficulty breathing. There were times I even thought I was having a heart attack and had to sit and calm down," said Aviation Ordnanceman Airman Jerell McCool, of USS Abraham Lincoln's (CVN 72) Aviation Intermediate Maintenance Department. "I worried a lot because my grandfather died at age 35 because of a heart attack, and my father, who is now 53 years old, has had four heart attacks since he was 40."

McCool, who has been on the Lincoln for a little more than three years, had been a normal, happy-go-lucky, hard charging Sailor. He was in good health until he started to experience these symptoms. To compound the situation, the ship was underway on its 2008 deployment in the Pacific.

"Eventually, my chief made me go to medical to get checked out,"

he said. "I was very nervous to hear what was wrong with me."

On his visit to Lincoln's medical services McCool was hooked up to an electrocardiogram (EKG), at which point the doctors discovered an abnormal heart beat.

"The first thing I asked was how bad it was, and was I going to live," he said.

McCool was referred to Naval Hospital Bremerton shortly after, where a gauntlet of tests and blood work were administered. The doctors eventually diagnosed him with Wolff Parkinsons White Syndrome (WPW).

According to WebMD.com, WPW syndrome is a rare heart disorder that causes irregularities in the electrical pulses in the heart. In individuals with WPW Syndrome, an abnormal alternate electrical pathway occurs between the atrium and the ventricle, causing abnormal heart beats.

"For a 25-year old, it was kind

*See LINCOLN, Page 6*



EVERETT, Wash. - Aviation Ordnanceman Airman Jerell McCool poses for a photo in USS Abraham Lincoln's (CVN 72) Aviation Intermediate Maintenance Department, Feb. 19, 2010. McCool credits Navy doctors with saving his life after the 25-year-old was diagnosed with a rare heart disorder. (U.S. Navy photo by Mass Communication Specialist 2nd Class Barry Riley/Released)

## WARRIORS

*From Page 3*

2005 with a staff of three," said Bradway. "Back then there were about 20 (Operation Iraqi Freedom and Operation Enduring Freedom) seriously wounded corpsmen and Seabees in the program."

Today the program has evolved from merely three staffers to 40 people, but that is only part of the change, she said. The program now also encompasses the Coast Guard and currently assists approximately 555 wounded service members.

Enrollment is open to sailors and guardsmen involved in OIF and OEF shipboard accidents, liberty accidents and severe medical and psychological conditions, such as cancer and post traumatic stress disorder.

For Bradway this is simply not

just another job, she feels as a retired Chief Petty Officer with a strong drive to help people the job was tailored for her.

She strives to help people through the program every day, but one case sticks out in particular.

"I came across a sailor who was attached to the hospital, his reimbursement for a plane ticket back in August 2009 had not been followed up on," she said almost beaming. "He had been trying to receive reimbursement for the ticket for months. After it was brought to my attention I made some calls, and was able to get him his reimbursement in December 2009."

Fixing administrative errors and getting reimbursements is only part of what the program does. It also includes making sure sailors, guardsmen and their families receive all of their benefits and entitlements from the VA and other

transition benefit programs.

However, the program can do no good if people are unaware of it. So, Bradway is looking to expand knowledge of the program through unit briefs. That way she can let the commands know exactly what the Navy Safe Harbor Program has to offer.

With knowledge of the program and increased usage, Bradway believes the program will only continue to expand and hopes the program will include a broader range of services as it continues to grow.

"It's an awesome program that keeps getting bigger and better," she said. "If we can make anything easier or cut some red tape for even just one sailor, it is a wonderful and rewarding day."

For more information about the program, visit [www.npc.navy.mil](http://www.npc.navy.mil) and search Navy Safe Harbor.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or [Valerie.Kremer@med.navy.mil](mailto:Valerie.Kremer@med.navy.mil).

# Navy Clinic Sets Safety Bar Higher in Navy Medicine East

By Bill W. Love, Naval Health Clinic Corpus Christi Public Affairs

Naval Health Clinic Corpus Christi (NHCCC) set the safety bar a few notches higher by winning Navy Medicine East's (NME) FY 2009 Best Safety Program in the Region award Feb. 25.

NME is one of four Echelon 3 (Flag level) commands implemented by Navy Medicine as a realignment effort in August 2005 to better direct its collective shore-based assets to maintain readiness and deliver the highest quality care in the most cost effective manner. Subordinate commands under NME include all Navy Medical Treatment Facilities on the East Coast, Gulf Coast, Great Lakes and in Europe.

Commander, Navy Medicine East, Rear Admiral William R. Kiser, applauded NHCCC in his letter that accompanied the award.

"This national recognition of superior safety performance is the result of outstanding efforts of personnel at all command levels," Kiser wrote. "It provides confirmation of exemplary performance of a comprehensive and effective safety and health management system, with mishap rates that are well below their industry peers' average. NHCCC has orchestrated an optimal safety culture that maximizes its mishap prevention efforts both on and off duty."

Kiser's representative, Mr. W. Ray Holland, Regional Safety and Occupational Health Manager, presented the award to Capt. Randy Kelley, NHCCC Commanding Officer.

"Congratulations on your hard work in being recognized for safety excellence," remarked Kelley to the assembled staff. "Safety is critical for our patients and staff alike. Providing ample access to safe, high quality patient and family centered care is the essence of what we are all about."

Less than nine months ago, the command achieved a safety milestone by becoming the first Department of



Capt. Randy Kelley, Naval Health Clinic Corpus Christi Commanding Officer, displays the command's latest safety award. Navy Medicine East awarded the FY 2009 Best Safety Program in the Region to the Corpus Christi Clinic for exemplary performance of a comprehensive and effective safety and health management system, with mishap rates that are well below the command's industry peers' average. (U.S. Navy photo by Bill W. Love/Released)

Defense (DOD) Military Treatment Facility to be officially recognized by the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) as a Voluntary Protection Program (VPP) Star site for promoting effective worksite-based safety and health.

Ricky G. Foust, the command's Safety and Occupational Health Manager, said that lots of hard work, time and dedication by the staff and the Safety Department, Industrial Hygiene Department and the Occupational Health Department set the standard for the command's success.

"Achievement in safety of this magnitude," concluded Kiser, "reflects great credit upon all NHCC personnel, NME, BUMED, Navy, and DOD."

## Expeditionary Dental Care

TERNATE, Philippines - Hospital Corpsman Daniel Ngo, left, and Lt. Pamela Hartman, both assigned to the Combat Logistics Battalion Health Service Support Team, of the 31st Marine Expeditionary Unit (31st MEU), extract a tooth from a Filipino patient during a medical civil action project at San Juan Elementary School, March 8, 2010. The 31st MEU is operating with the forward-deployed Essex Amphibious Ready Group as part of Balikatan 2010, an annual, bilateral exercise designed to improve interoperability between the U.S. and Republic of the Philippines. (U.S. Navy photo by Mass Communication Specialist 3rd Class Andrew Smith/Released)





# War Fighters Gain Benefit from New Virtual Environment Lab

By Mass Communication Specialist 2<sup>nd</sup> Class (SW/AW)  
John Scorza

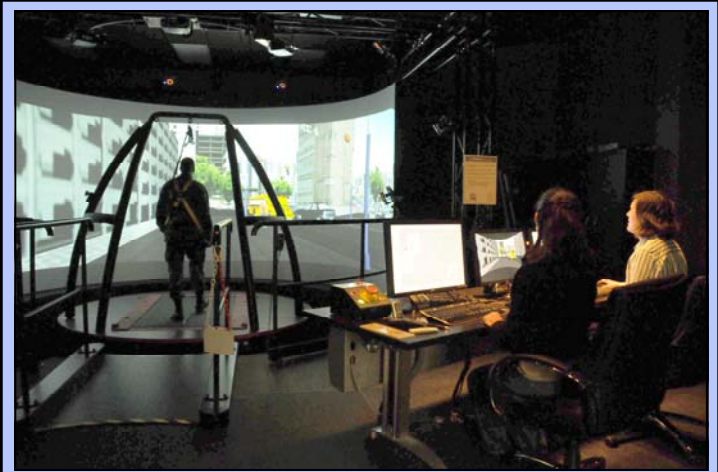
SAN DIEGO – Naval Health Research Center's War Fighter Performance Lab recently began testing a \$1.1 million Virtual Environment (VE) system used to study and improve the war fighter, including SEALs from Naval Special Warfare.

The research facility's VE is one of 15 in the world and one of only three in the United States.

The VE is a biomechanics and exercise physiology lab on a motion platform that can pitch, yaw and roll by 25 degrees. On the platform is an integrated split-belt (side-by-side) treadmill and instrumented force plates to measure the pressures applied during walking, running or marching. In front of the motion platform is a nine-foot-tall screen that curves 180 degrees around the platform to view programmed simulations. The environment is also equipped with a full-motion capture sensor to record the subject's movements. These movements are picked up from reflective markers similar to the ones used in making video games.

"By placing little reflective markers all over their body, you can record exact movements in real time," said Senior Chief Damage Controlman Eric Duckworth, Lab Manager. "The markers control the interaction between the subject and the computer program." The system can also be integrated with other equipment such as reduced-oxygen breathing devices to simulate different altitudes.

"The screen is used so we can create an immersive environment for people to move in," said Lt. Jamie Bartlett, Operations Officer. "Right now we have eight programs, including a virtual Afghanistan, where we can perform studies as if the war fighter was out in the field."



Senior Chief Damage Controlman Eric Duckworth tests a computer program on the new Virtual Environment system at Naval Health Research Center in San Diego. The Virtual Environment system is one of 15 in the world and one of three in the U.S. and will be used to help study and rehabilitate war fighters. (U.S. Navy photo by Mass Communication Specialist 2nd Class John Scorza/Released)

"The platform moves in sync with the terrain, so when they see an incline they feel an inclination of the platform while moving on the treadmill belt. It feels realistic."

"We intend to use virtual environments as a research platform to immerse subjects in realistic military environments and see how they perform," said Bartlett. "For example, load carriage is a big issue now. We can test a subject in full battle rattle, with a 150-pound pack on his back and walk at patrol pace in Afghanistan terrain. While moving in this environment, not only can we examine the

*See VIRTUAL, Page 7*

## LINCOLN

*From Page 4*

of crazy to think I could die during this operation. The hardest part about the whole thing was having to say goodbye to my wife," said McCool, who is originally from Little Rock, Ark. "Knowing it might be the last time we see each other, it was very difficult. But the doctors assured me that everything would go fine, and it was possible to cure my condition."

As soon as the Lincoln pulled into Everett, Wash., at the close of its nine-month planned incremental availability (PIA), in early January, McCool was sent to Naval Hospital Balboa, San Diego for surgery to correct his condition.

"Going in, I was so scared. In the back of mind was I was constantly thinking about the fact that there are always complications, something might go wrong," he said. "Another thing that bothered me was that the doctors couldn't see exactly where the extra tissue was, they were going in blind. There were talks of the tissue being on the left side of my heart, and that it would be hard to get to. There were also worries about them tearing my heart."

During the nearly four-hour surgery, doctors went into McCool's heart through a small instrument inserted into the arteries in his neck and burned out the extra tissue and nerve endings.

"I woke up in recovery very out of it, I barely remember it," he

said. "The nurses say the first thing I did was ask for a cheeseburger with mayonnaise. When I finally came to, I asked how the operation went, I was relieved to hear everything went well."

McCool's family came to comfort him during his recovery, and was able to stay at the hospital with him each night.

Shortly following the surgery, McCool said he had a follow-up EKG performed, and the doctors said everything looked good.

"I'm glad the doctors caught it. If I wasn't in the Navy, I probably wouldn't have gotten an EKG, and I wouldn't have known about my heart problems," he said. "I'm very grateful. I feel like they corrected a wrong that could have been a permanent wrong, they saved my life."

# Operation Welcome Home Receives Thanks from Navy Medicine

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

The efforts of the volunteers of Operation Welcome Home (Md.) were commended by the Bureau of Medicine and Surgery Mar 9. for their contributions to enhancing the morale and well-being of Navy Medical personnel who recently returned from serving in Operation Iraqi Freedom and Operation Enduring Freedom.

Operation Welcome Home (Md.) is a team of volunteers who have greeted more than 100,000 Sailors, Marines, airmen, and soldiers at the Baltimore-Washington National Thurgood Marshall (BWI) airport since the program was established in March 2007. In the month of January 2010, the group welcomed 4,900 returning heroes.

"Men and women come home from having life-changing experiences. The quality of the greeting is the capstone of support," said Capt. Michael McCarten, chief of staff, Bureau of Medicine and Surgery. "We thank Operation Welcome Home for the crucial support they provide."

A pre-packaged snack bag with hand written notes of appreciation from school children, resources for mental health services, along with a sea of hands to shake and hugs, greets each service member as they come out of the gate.

"These are the most patriotic people I have ever seen. They have put countless hours into this effort. They make sure our Sailors receive the hero's welcome they deserve. I am very grateful that they share the same passion I do for these events," said Capt. Kathleen Thorp, NC, founder of Operation Welcome Home.

Through sleet, snow, and rain, Operation Welcome Home treks to BWI to ensure service members are recognized for the work they do even if Washington is not their final destination.

"It was an absolute pleasure to see so many people to welcome us home [despite the snow storm] last month. It is difficult to express how important it was to me,"



Capt. Kathleen Thorp, NC, founder of Operation Welcome Home, accepts an appreciation award by Capt. Michael McCarten, chief of staff, Bureau of Medicine and Surgery, March 9, on behalf of the tireless dedication of the Operation Welcome Home volunteers. (Photo by Valerie A. Kremer, Bureau of Medicine public affairs/ Released)

said Cmdr. Richard D. Bergthold, MSC, clinical psychologist, deployment health, Bureau of Medicine and Surgery, an individual augmentee (IA) who returned from expeditionary medical facility (EMF) Kuwait, Feb. 2010.

Thorp, a Navy Reserve nurse, solicited volunteers through email to BUMED members, friends, and family for assistance from organizations for the first greeting to deployers returning from EMF Kuwait exactly two years ago. A web site was also established to provide information to volunteers and family members.

Operation Welcome Home (Md.) team members are recipients of a Presidential volunteer award for their passion, dedication, and patriotism in greeting returning deployers and have been featured in national and international news media.

For more information on Operation Welcome Home (Md.) visit [www.owhmd.org](http://www.owhmd.org).

## VIRTUAL

From Page 6

effects of load and fatigue on the body, we can also see how they do performing cognitive tasks such as land navigation, working memory, identifying targets, or using a first-person shooter type of simulation."

Experts agree that although all war fighters will benefit from VE research, personnel within the Special Operations Forces may see the greatest impact from the research.

"The VE will be critical for studying groups who continually operate in diverse and extreme environments such as SWCC and SEAL units," said Bartlett. "The changing

demands of their duties make them one of the military's most complex weapon systems and now we have the ability to keep up."

"This lab is very unique," said Capt. Lanny Boswell, Head of War Fighter Performance. "We can immerse a war fighter in a virtual reality and measure his physical and cognitive performance simultaneously. Once this is fully developed we can study operationally relevant issues in a controlled environment. The VE research will be used to optimize war fighter capabilities as well as advance the rehabilitation of wounded warriors."

Naval Special Warfare is a maritime component of U.S. Special Operations Command and the

Navy's special operations force. The community is composed of more than 6,700 personnel, including 2,300 SEALs, 600 Special Warfare Combatant-craft Crewmen (SWCC), along with military support personnel, reserve components, and civilian staff. SEALs and SWCC focus on missions involving unconventional warfare, direct action, combating terrorism, special reconnaissance, foreign internal defense, information warfare, security assistance, counter-drug operations, personnel recovery and hydrographic reconnaissance.

For more information on Naval Special Warfare visit [www.seal.navy.mil](http://www.seal.navy.mil).

# A Navy Social Worker Reflects on Kuwait Deployment

## "Challenges Lead to Growth"

By Lt. Jo Ann Martinez, MSC, Naval Hospital Bremerton

This month while reflecting on National Social Work Month, I pondered on the days of my junior Navy career as an active duty social worker fulfilling my 18<sup>th</sup> month of a three year obligation. I realized upon my commission that I would deploy and considered the possibilities of what could happen to me. Would I be close enough to the wire to be exposed to danger? If I ever deployed would I be the same?

When I arrived in Kuwait on 4 July 2009 the hot blasting desert heat was first to greet me. As I entered the air base in Kuwait, I saw the Navy core values, honor, courage, and commitment reflected all around me and quickly remembered why I committed to serve.

Within days, I learned the primary focus of my position as a care team member would be providing reintegration briefs to our returning Navy Individual Augmentees (IA's). Week after week, I provided workshops designed to encourage classroom processing of individuals' deployment experiences, reviewed the combat operational stress continuum, outlined the resources



Lt. Jo Ann Martinez, MSC, an active duty social worker, deployed to Kuwait, provided mental health care to Navy individual augmentees (Courtesy photo/ released)

available to members who wanted to seek treatment for intense and prolonged stress injuries and lastly, how to manage expectations related to reintegrating at home, with family, and command/work. I was exposed to so many stories from Seabees, Corpsmen, medical providers, IT's, and many various rates among our Navy's best. Throughout my IA deployment, I was so wrapped up in the mission that I did not process my own experience until I returned. It was during this time I truly realized that there is a pre, during and post deployment self. Who I am today, since I have returned, is a person more confident in my leadership, more poised in my clinical approach and more appreciative of my freedom.

Personally, I am more grateful to be with my husband and children every day and thrive on the normal daily messes of life. While I came back detached and in a daze the first month upon my return, I head into the coming months with ongoing strength to keep myself operating in the wellness zone which keeps me fit emotionally and physically.

The theme of my reflections as a Sand Sailor is "challenges lead to growth." During my time in Kuwait and in doing my clinical social work there, I had the privilege of engaging in the healing of our Sailors coming back with invisible wounds of war.

As a caregiver, I strongly encourage other caregivers to provide the best "self care" that we would provide to others. While many of us come back with compassion fatigue, it is so important to identify our need for care and treatment. Just because we have a mindfulness of the dynamics occurring within us as caregivers, that does not preclude the benefit of sitting in the patient's seat.

I have truly changed and grown personally and professionally. I have the Navy to thank for this growth. I served my country honorably and upon my return I continue to extend myself to my fellow service members by always being available to them as they navigate through their ongoing deployment transition. I could not visualize a better, more meaningful way to embrace my Navy social work career.

### Navy and Marine Corps Medical News

#### Navy Bureau of Medicine and Surgery

Vice Adm. Adam M. Robinson, Jr.  
Surgeon General

Cmdr. Cappy Surette  
Public Affairs Officer

Valerie A. Kremer  
MEDNEWS Managing Editor

Bureau of Medicine and Surgery  
2300 E Street NW  
Washington, DC 20372-5300

Public Affairs Office  
Phone: 202-762-3160  
Fax: 202-762-1705

Would you like to share your deployment story with  
MEDNEWS? Contact Lt. Holly Lee at  
202-762-3773 or holly.lee@med.navy.mil.

To keep up with Navy  
Medicine news and daily  
updates follow us on...

facebook

twitter